

**CAP-MR/DD PROVIDER ENROLLMENT**  
**QUESTION AND ANSWER**  
**July 19, 2005**

Are LMEs required to do a full certification review for providers in order to complete the Certification Letter that providers need to submit to DMA?	No. <b>The intent of the process outlined in the Provider Enrollment documents is to transition to the new waiver.</b> LMEs are already familiar with providers who are currently enrolled to provide CAP-MR/DD services under the existing waiver and should have completed a full review process in the past. Therefore, no provider at this time should be required to go through the certification process again. The LME should simply complete and provide a new Certification Letter that the provider can submit with their packet for the services of Day Supports or Residential Supports. All CAP providers will go through the new endorsement process outlined in Communications Bulletin 44 at a later date. This expedited process is for transition to the new waiver only.
Who is responsible for issuing new service orders?	The case manager that is responsible for the Plan of Care is responsible for completion of the service orders to providers of waiver services. If the Plan of Care requires local approval due to addition of a new service the participant has not had in the past, or due to change in frequency or duration, then the case manager will not complete the service order until the local approval process is complete. If the services crosswalk directly from old to new services and there is no change in duration or frequency, the case manager can issue the service order reflecting rate and service name change only without going through the local approval process.
Since the new Cost Summary only includes new waiver services how do we carry forward the old services until the CNR?	Only waiver services are required to go on the new Cost Summary, AND only NEW waiver services are required for the “transition” Cost Summary. For “transition” Cost Summaries the waiver services that are to be in effect Sept. 1, 2005 through the end of the current CNR year are only required to be on the Cost Summary. Example: Ann’s birthday is Nov. 30. Her new CNR is effective 12/1/05. The transition Cost Summary will cover waiver services for 9/1/05-11/30/05. The intent is to get participants through the transition to the new waiver quickly.

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Since Targeted Case Management may not be implemented by Sept. 1, how will case management be billed in the meantime?	Regular State Medicaid Plan case management is to be billed until Targeted Case Management is implemented.
Should the Utilization Review guidelines be implemented during the transition to new services?	The Utilization Review guidelines are to be implemented at CNR or at the first Cost Revision. The UR Guidelines are applied for the transition revisions only if there is an increase in service.
Should a new NC-SNAP be completed for individuals who will be receiving enhanced respite or personal care and Residential Supports?	Each of these services, enhanced levels of pc and respite, as well as Res Supports, requires that a SNAP index score be computed. If the needs or circumstances of the individual have not changed recently, the SNAP index can be computed using the current NC-SNAP to get through transition, however, the NC-SNAP must be re-applied at CNR.
Is it the Divisions expectation that the LME staff will visit and certify all unlicensed AFL homes by August 1, 2005?	Since one person AFL settings do not require licensure through DFS, the AFL provider must request that the LME that is the lead agency for the individual issue a Certification Letter for the home in lieu of a DFS license. It is expected that since these AFLs have been providing waiver services already, that the LME has been through the certification review process with the specific AFL provider agency such that verification that the home provides services and care that ensure the health and safety of the individual living in the home can be assured. <b>If the provider agency that oversees the AFL has been through the certification review in the past, the LME may complete a Certification Letter for the specific AFL based on that review and continued enrollment of the provider agency. However, a site visit to the specific AFL would be expected within three months of waiver implementation and documentation of the visit provided to Adrina Jones on the Accountability Team by December 1, 2005.</b> As Lead Agency for the CAP-MR/DD waiver the LME is responsible for assuring health and safety of waiver participants.
What is the Standardized Provider Endorsement/Certification Letter?	This letter is posted to the Division website under the Provider Enrollment documents. It is a memo to the Accountability Team Leader. For purposes of transition, it is intended to be used <b>ONLY</b> for providers who will provider Day Supports and Residential Supports...the other waiver services

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	<p>directly crosswalk from the old waiver services and do not require additional action by providers. If the LME has completed a certification review of the provider in the past for the particular providing wishing to provide those two services it is not necessary for the LME to complete a full review. The LME will complete a new letter, checking one or both of the two new services of Day Support and Residential Supports, and submit the letter to the provider. The provider will complete the DMA Application, attach the license, (or in the case of an AFL, a certification letter that includes verification of health and safety for the consumer), and the LME Certification Letter, and submits this to Adrina Jones in Accountability. (See Provider Enrollment documents for specific details.)</p>
<p>When daily Supported Living is being provided in an individual's home, will this be a direct crosswalk to Home and Community Supports, or will this need to go through local approval?</p>	<p>Currently, daily SL has hours attached to the levels. For the purpose of transition, <b>if an individual is living in their own home or family home</b>, and the number of hours of Home and Community Supports is within the hours currently in place for the SL level, local approval is not required and the service will directly crosswalk. However, the individual circumstances and needs must be carefully reviewed at CNR to insure that the amount of services authorized continues to be appropriate.</p>